Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/1/13	Address:	16191 S Earle Place	
Incident #:	13ISPC009910		Farmersburg, IN	
County:	Vigo		47850	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s): outbuilding	<u>etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
Flammable Solvents: outbuilding, vehicle				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: outbuilding				
Corrosive Acid: outbuilding				
Corrosive Base:				
Other (item and location): glassware, product; house				
Vehicle Info	rmation:			
Owner: VIN: Year:	Owen Bates 2FTHF26G2KCA88949 1989	Make: Model:	Ford TK	
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		Living condi unclean Estimated le occurring: m	Living conditions of home: ☐ clean ☒ disarray ☐ unclean Estimated length of time manufacturing had been occurring: months Additional Information:n/a	
This report l	has been faxed* or emailed to the fo	ollowing agencies th	at serve the location:	
Health Depar	ent City, Township or County <u>Linton</u> tment County: <u>Vigo</u> of Child Services Hotline: <u>dcshotliner</u>	Fax: <u>812-2</u>	Fax: 812-299-4510 Fax: 812-234-1010 Odcs.in.gov Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetan Officer: B. Robinson Phon	mine laboratory, cont ne <u>765-653-4114</u>	tact	

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.